

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-024571

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

6054

STATE FILE NUMBER

FILED JUL 2 1962

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN *St. Louis*Length of stay-in-1b  
*35 years*c. FULL NAME OF (If NOT in hospital, give location) *D.O.A.*  
HOSPITAL OR INSTITUTION *Missouri Baptist Hosp*Inside Limits  
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE *Missouri* b. COUNTYc. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN *St. Louis*Inside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
*5327 Pershing Ave*Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

*Edna F. Duncan*

## 4. DATE OF DEATH

Month

Day

Year

*June 18, 1962*

## 5. SEX

*Female*

## 6. COLOR OR RACE

*White*7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

*11/25/77*

## 9. AGE (last birthday)

*84*

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
*Apartment Manager*

## 10b. KIND OF BUSINESS OR INDUSTRY

*Retired*

## 11. BIRTHPLACE (City and state or country)

*Mitchell Indiana*

## 12. CITIZEN OF WHAT COUNTRY

*U.S.A.*

## 13a. FATHER'S NAME

*John R. Edmondson*

## 13b. MOTHER'S MAIDEN NAME

*Olive Woodouff*

## 14. NAME OF HUSBAND OR WIFE

*Charles R. Duncan*

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
*no none*

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

*Louise M. Duncan 52 Gocke Pl (14)*

Address

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

*Coronary Occlusion*

## INTERVAL BETWEEN ONSET AND DEATH

## DUE TO (b)

*Arterio-sclerosis.*

## DUE TO (c)

*4201*

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☒ No☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from

*2:30 A*

to

and last saw her alive on

Death occurred at

*2:30 A*

m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

*Paul J. Simon*

## 22b. ADDRESS

*1300 Clark*

## 22c. DATE SIGNED

*6-18-62*

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

*Removal*

## 23b. DATE

*June 21, 1962*

## 23c. NAME OF CEMETERY OR CREMATORY

*Mitchell Cemetery*

## 23d. LOCATION (City, town, or county)

*Mitchell, Indiana*

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

*Shepard Funeral Home 1167 Hamilton Ave*

## 25. DATE RECD. BY LOCAL REG.

*JUN 18 1962*

## 26. REGISTRAR'S SIGNATURE

*Paul Smith: M.D.*USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

\_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Lawrence O. Gerling

Licensed Embalmer No. 4979

P. O. Address Berkeley, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.